

## State of New Hampshire Water Well Board

PO Box 95 Concord, NH 03302-0095 (603) 271-3503



## **Consumer Complaint Form**

Please type or print neatly, answer all questions as completely as possible, **attach copies of relevant documents** to the complaint.

Your name(s)			
Street			Apt. #
City State Zip			
Home Telephone #	Work Tel. #		
	Complaint A	Against	
Business			
Address			
Town	_State	Zip	Tel #
<ol> <li>Have you complained to the company?         Please enclose a copy of the compla         Describe the product or service purchase         Cost of product or service:     </li> <li>Was a contract signed? Yes No</li> <li>Did you contract directly with the busine</li> <li>If no, please provide the name, address,</li> </ol>	ed:	Date of pur	rchase: plaint? Yes No
<ul> <li>7. Did you receive a warranty? Yes</li> <li>8. Was the product or service advertised? Radio TV Newspaper Yellow</li> <li>9. Please list by number (We ###.##), or defended</li> </ul>			ther hich is material to the complaint

10. Is this matter currently in litigation?	Yes	No	
11. Have you contacted any other agency?	Yes	No	Name
12. Briefly explain the facts of your composition to a fair resolution to your problem. You we need more specific details.	laint, th You may	ne prob y attach	lems you are having with the company, and what you in additional pages if necessary. We will contact you if
Signature			 Date